

MAR 27 2003

Technology Center 2000


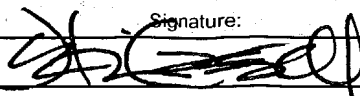
<p align="center">REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</p> <p>Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA).</p>	Application Number	09/485,679
	Filing Date*	February 25, 2000
	First Named Inventor	Nickolaos PAPADOPOULOS et al.
	Group Art Unit	2685
	Examiner Name	Sheila B. SMITH
	Attorney Docket No.	PAPA3001/JEK/JJC

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

- ☒ a. **The Amendment Accompanying Request For Continued Examination filed concurrently herewith on (date): March 27, 2003**
- ☐ b. The Information Disclosure Statement (IDS) filed on (date):
- ☐ c. The Brief/Reply Brief filed on (date):
- ☐ d. The ___ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- ☐ e. Other:
- ☒ 2. **A One month Petition for Extension of Time is filed herewith.**
- ☒ 3. **The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.**
- ☒ 4. **A check in the amount of \$ 860.00 which includes the Extension of Time fee (\$110) is submitted herewith.**
- ☐ 5. This Request is transmitted by facsimile to number (703) _____.
- ☐ 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS:						Basic Fee:	\$750.00
Total Claims:	16	-	20	(highest number previously paid for) =	0.00	X \$18 =	0
Independent Claims:	5	-	5	(highest number previously paid for) =	0.00	X \$84 =	0
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176  23364 PATENT TRADEMARK OFFICE						Multiple Dependent Claim (add \$280.00):	
						Subtotal:	750.00
						50% Reduction if Small Entity Status:	
Phone: 703-683-0500 Fax: 703-683-1080						Total:	\$750.00
Date:	Name:			Signature:		Reg. No.	
March 27, 2003	JUSTIN J. CASSELL					46,205	